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Employees or volunteers under 18 years of age shall be under direct supervision.

H. Provision of facilities, equipment, and supplies for care consistent with the needs of the patients and residents.

I. Provision of evidence of adequate financing, proper administration of funds, and the maintenance of required statistics.

MS s 144.56; 144A.02 to 144A.08

4655.1300 ADMINISTRATOR IN CHARGE.

Subpart 1. Designation of person. There shall be one individual who shall be in immediate charge of the operation and administration of the nursing home or boarding care home, whether he is the "licensee" or a person designated by the licensee. He shall be empowered to carry out the provisions of these rules and shall be charged with the responsibility of doing so.

Subp. 2. Full-time requirements. The person in charge shall be full-time, serving only one nursing home and shall not serve as the director of nurses.

Subp. 3. Administrator's absence; requirements. The administrator or person in charge shall not leave the premises without giving information as to where he can be reached and without delegating authority to a person who is at least 21 years of age, physically able, competent, and capable of acting in an emergency. At no time shall a home be left without competent supervision. The person left in charge shall have the authority and competency to act in an emergency.

Subp. 4. Notice of person in charge. The name of the person in charge at the time shall be posted at the main entrance.

MS s 144.56; 144A.02 to 144A.08

4655.1400 RESPONSIBILITIES OF THE ADMINISTRATOR IN CHARGE.

The responsibilities of the administrator in charge shall include:

A. Maintenance, completion, and submission of reports and records as required by the board.

B. Formulation of written general policies; admission, discharge, and transfer policies; and personnel policies, practices, and procedures that adequately support sound patient or resident care, including:

(1) Current personnel records for each employee (see part 4655.4400).

(2) Written job descriptions for all positions which define responsibilities, duties, and qualifications. These shall be readily available for all employees with copies on file in the administrator's office. Each employee shall be thoroughly familiar with his duties and responsibilities.

(3) Work assignments consistent with qualifications and the work load.

(4) Maintenance of a weekly time schedule which shows each employee's name, job title, hours of work, and days off for each day of the week. This schedule shall be dated and posted in a convenient location for employees' use. These

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schedules, the time cards, and the payroll records shall be kept on file in the home for three years and shall be available to representatives from the department.

(5) Orientation for new employees and volunteers and provision of a continuing in-service education program for all employees and volunteers to give assurance that they understand the proper method of carrying out all procedures.

(6) Written personnel policies which specify hours of work, vacations, illness, sick leave, holidays, retirement, employee health services, group insurance, promotions, personal hygiene practices, attire, conduct, disciplinary actions, and other items which will enable employees to perform their duties properly. See part 4655.2000, subpart 1.

C. Establishment of a recognized accounting system. There shall be financial resources at the time of initial licensure to permit full service operation of the home for six months without regard to income from patient or resident fees.

D. The development and maintenance of channels of communications with employees which include: distribution of written personnel policies to employees; regularly scheduled meetings of supervisory personnel; employee suggestion system; and at least annual employee evaluations.

E. Establishing and maintaining effective working relationships with hospitals and other types of care facilities and with public or voluntary health and social agencies for the purpose of:

(1) developing specific patient or resident transfer procedures, including, where possible, a community-wide transfer agreement and a uniform inter-agency referral form and providing for the transfer of pertinent information to go with the patient or resident to promote continuity of care;

(2) promoting the sharing of services and facilities;

(3) conducting and participating in cooperative educational programs;

(4) participating in areawide planning activities to assist in determining the need for additional beds and facilities and establishing alternatives to institutional living.

Examples of such alternatives are day-care programs, foster home programs, housing for the well elderly, home care programs, activity centers, out-patient services, and community-wide recreation and adult education programs.

F. Developing written disaster plan with procedures for the protection and evacuation of all persons in the case of fire or explosion or in the event of floods, tornados, or other emergencies. The plan:

(1) The plan shall be developed specifically for each facility and its type of occupancy in cooperation with the state fire marshal, the local fire department, and the Office of Civil Defense.

(2) The plan shall include information and procedures relative to locations of alarm signals and fire extinguishers, frequency of drills, assignments of specific tasks and responsibilities of the personnel on each shift, persons and local emergency departments to be notified, precautions and safety measures during tornado alerts, procedures for evacuation of ambulatory and nonambulatory persons during fire or floods, planned evacuation routes from

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the various floor areas to safe areas within the building, or from the building when necessary, and arrangements for temporary emergency housing in the community in the event of total evacuation.

(3) These drills do not involve the evacuation of patients except when such is planned in advance. Copies of the disaster plan containing the basic emergency procedures shall be posted at all nurses' stations, attendants' stations, kitchens, laundries, and boiler rooms. Complete copies of the detailed disaster plan shall be available to all supervisory personnel.

G. This item applies to nursing homes only. Establishment of a patient care policy committee in each nursing home with representation from all disciplines directly involved in patient care for the development and implementation of guidelines for patient care. The patient care policy committee is to include at least one physician and one registered nurse to govern the medical, nursing, and other services provided.

MS s 144.56; 144A.02 to 144A.08

4655.1500 TYPE OF ADMISSIONS.

Subpart 1. Selection of residents and patients. The administrator, in cooperation with the director of the nursing service in a nursing home or the person in charge in a boarding care home shall be responsible for exercising discretion in the type of patients or residents admitted to the home in accordance with the admission policies of the home.

Subp. 2. Patients not accepted. Patients or residents shall not be accepted or retained for whom care cannot be provided in keeping with their known physical, mental, or behavioral condition.

MS s 144.56; 144A.02 to 144A.08

4655.1600 AGREEMENT AS TO RATES AND CHARGES.

At the time of admission, there shall be a written agreement between the home and the patient, resident, his agent, or guardian regarding the base rate, extra charges made for care or services, obligations concerning payment of such rates and charges, and the refund policy of the home. All patients' and residents' bills shall be itemized as to the services rendered.

MS s 144.56; 144A.02 to 144A.08

4655.1700 CENSUS REGISTER.

Each nursing home and boarding care home shall maintain a permanent, bound, chronological registry book for all persons admitted showing the date of admission, name of patient or resident, and date of discharge or death. See part 4655.3700.

MS s 144.56; 144A.02 to 144A.08

4655.1800 AVAILABILITY OF LICENSING REGULATIONS.

Subpart 1. Accessibility to personnel. Copies of these licensing regulations shall be made readily available for the use of all personnel of the facility.

Subp. 2. Training of personnel. All personnel shall be instructed in the requirements of the law and the rules pertaining to their respective duties and such instruction shall be documented. All personnel shall be fully informed of the

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policies of the home and procedure manuals to guide them in the performance of their duties shall be readily available.

MS s 144.56; 144A.02 to 144A.08

4655.1910 POLICIES CONCERNING PATIENTS.

Subpart 1. Visiting hours. Visiting hours shall be established as a written policy of the home and shall be posted in plain view of visitors. Unrestricted visiting hours are recommended.

Subp. 2. Visits by a pastor. A patient's or resident's pastor shall be permitted to visit him at any time. Privacy for consultation, communion, or for interviews shall be the privilege of every patient or resident.

Subp. 3. Visits to critically ill patients. Relatives or guardians shall be allowed to visit critically ill patients in nursing homes at any time.

Subp. 4. Telephones. There shall be at least one non-coin-operated telephone which is accessible at all times in case of emergency. Patients and residents shall have access to a public telephone at a convenient location within the building.

Subp. 5. Mail. Patients and residents shall receive their mail unopened unless a legal guardian has requested in writing that the mail be reviewed. The outgoing mail shall not be censored.

Subp. 6. Funds and possessions. No home shall handle the personal major business affairs of a patient or resident without written legal authorization by his legal guardian.

Subp. 7. Smoking. Patients or residents shall not be permitted to smoke in bed except in the case of a bedfast patient while under the direct supervision of a staff member.

Subp. 8. Pet animals. Pet animals may be kept on the premises of a nursing home or boarding care home only in accordance with the provisions of part 4638.0200.

MS s 144.56; 144A.02 to 144A.08

4655.2000 EMPLOYEE POLICIES.

Subpart 1. Personal hygiene of all employees and volunteers. There shall be strict adherence to established policies and procedures relating to personal hygiene practices including clean attire and frequent and thorough hand-washing techniques at all times and in all areas of the home. See part 4655.1400, item B, subitem (6).

Subp. 2. Keys. The person in charge of the home on each work shift shall have keys to all doors and locks in the home in his possession with the exception of keys to the business office.

MS s 144.56; 144A.02 to 144A.08

4655.2100 PROCEDURE AT DEATH.

When a patient or resident dies in a home, the administrator, nurse, or person in charge shall contact a relative, guardian, or the placement agency regarding funeral arrangements. The body shall be separated from other patients or residents until removed from the home. Where reasonably possible, no body shall remain in a home for more than 12 hours.

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MS s 144.56; 144A.02 to 144A.08

4655.2200 OUTSIDE SERVICES.

Where laundry or food service is obtained from an outside agency or establishment, such service shall be provided pursuant to a written agreement which shall specify that the service meets the same standards as are required under these rules.

MS s 144.56; 144A.02 to 144A.08

4655.2300 INSPECTION BY DEPARTMENT.

All areas of the facility and all records related to the care and protection of patients and residents including patient, resident, and employee records shall be open for inspection by the department at all times for the purposes of enforcing these rules.

MS s 144.56; 144A.02 to 144A.08

4655.2410 USE OF OXYGEN.

Subpart 1. Application. Subparts 2 to 4 apply to nursing homes only.

Subp. 2. Administration of oxygen. Oxygen may be used in a nursing home on an emergency or nonemergency basis. A registered nurse or other person trained in the use of oxygen shall be responsible for its administration and shall be on duty during the entire time that oxygen is administered.

Subp. 3. Precautions to be taken. The following precautions shall be taken. Signs indicating "No Smoking" shall be placed at the bedside and at the entrance to the room. All matches, ash trays, and other smoking material shall be removed and kept out of the room. No oil or grease shall be used on oxygen equipment. Oxygen tanks shall be securely anchored when stored or in use.

Subp. 4. Labeling of oxygen cylinders. All oxygen used in the nursing home shall be from cylinders which bear labeling indicating that the oxygen is for medical purposes.

MS s 144A.02 to 144A.08

4655.2420 STANDARDS FOR THE USE OF OXYGEN.

Subpart 1. Application. Subpart 2 applies to nursing homes only.

Subp. 2. Standards enumerated. A nursing home which admits or retains patients in need of oxygen on other than an emergency basis shall comply with the following provisions:

A. The nursing home shall provide 24 hour licensed nurse coverage, unless it only admits patients who can self-administer oxygen.

B. The patient's attending physician shall submit written orders for oxygen, and, if self-administration of oxygen is also ordered, the physician shall specify that the patient is mentally and physically capable of administering oxygen without the assistance of the nursing home staff.

C. All nursing homes which admit patients in need of oxygen shall inform these patients of any limitations or restrictions imposed by the nursing home prior to admission or

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at the time the use of oxygen is ordered by the physician.

D. The Patient Care Policy Committee shall develop and implement written policies regarding the provision of oxygen in the nursing home. These policies shall at a minimum, include:

(1) any limitations placed on the patient or other patients such as room assignments and smoking policies;

(2) any restrictions placed on patients using portable oxygen equipment as to mobility within the facility or participation in activities;

(3) a mechanism to periodically assess those patients authorized to self-administer oxygen as to their continued capability to self-administer it; and

(4) precautions to be taken, in addition to those in part 4655.2410, subpart 3, to assure the safe use of oxygen;

E. The director of nursing shall be responsible for providing training to the nursing home staff regarding the procedures to be followed for the administration of oxygen, for monitoring the use and effectiveness of oxygen, special precautions to be taken, and the care and cleaning of equipment.

F. Written policies and procedures shall be developed and implemented regarding the care, storage, cleaning, and sanitizing of oxygen equipment and supplies.

MS s 144A.02 to 144A.08

PERSONNEL

4655.2600 CAPABILITY.

Every employee shall be mentally and physically capable of performing the work to which assigned, in good health, and free from colds and other communicable diseases. The above criteria shall be reviewed if the person is to be assigned to another job in the home.

MS s 144.56; 144A.02 to 144A.08

4655.2700 ASSIGNMENT TO EXTRA DUTIES.

A person shall not be assigned to duty for two consecutive work periods except in a documented emergency. A work period is normally eight hours.

MS s 144.56; 144A.02 to 144A.08

4655.2800 PERSONAL BELONGINGS.

Personnel shall not keep wraps, clothing, or other belongings in the food service or patient and resident areas. Provision shall be made elsewhere for their safe storage.

MS s 144.56; 144A.02 to 144A.08

4655.2900 ILLNESS OR ACCIDENT.

Personnel who have missed work days because of illness or accident shall report to the registered nurse or person in charge who may authorize return to work. If in doubt the nurse or person in charge shall consult with a physician by telephone and be guided by his opinion. This shall be made a part of the employee's personnel record. See Records and Reports, parts

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4655.3200 to 4655.4000.

MS s 144.56; 144A.02 to 144A.08

4655.3000 TUBERCULOSIS TESTING OF EMPLOYEES.

Subpart 1. Responsibility of nursing or boarding care home. The nursing home or boarding care home shall be responsible for assuring that all employees, prior to employment and as otherwise indicated in this part, show freedom from tuberculosis in accordance with the provisions of this part.

Subp. 2. Tuberculin test. All employees, unless certified in writing by a physician to have had a positive reaction to a standard intradermal tuberculin test, shall have a standard intradermal tuberculin test with purified protein derivative (Mantoux) within 45 days prior to employment. If the tuberculin test is negative, the employee shall be considered free from tuberculosis.

Subp. 3. Positive tests. If the tuberculin test is positive or if the employee's physician has certified a positive reaction to the tuberculin test, the employee shall submit prior to employment and annually thereafter, a written report by a physician of a negative full-sized chest X ray taken within the previous 45 days. Annual written reports of the employee's negative chest X ray shall be required for five years after a documented positive standard intradermal tuberculin test, after which time the employee shall be considered free from tuberculosis. All employees showing positive reaction to the tuberculin test who have taken a complete course of preventive therapy as directed by their physician, shall be considered free from tuberculosis at the completion of the program and shall be exempt from the testing requirements of this part.

Subp. 4. Written documentation of compliance. Written documentation of compliance with the above requirements shall be filed in the employee's personnel record.

MS s 144.56; 144A.02 to 144A.08

RECORDS AND REPORTS

4655.3200 PATIENT OR RESIDENT CARE RECORD.

Subpart 1. Requirement for individual charts. An individual chart shall be kept on each patient and resident admitted to the home.

Subp. 2. Form of entries; verification. All entries shall be made with a pen and signed by the person making the entry.

Subp. 3. Duration and placement of records. Accurate, complete, and legible records for each patient or resident from the time of admission to the time of discharge or death shall be kept current and shall be maintained in a chart holder at the nurses' or attendants' station, a central control point for the storage of records and medications.

MS s 144.56; 144A.02 to 144A.08

4655.3300 ADMISSION RECORD.

Subpart 1. Contents of record. The admission record shall be initiated for each patient and resident within 72 hours after admission and contain identifying information including: name, previous address, social security number, sex, marital status, age, date and place of birth, previous occupation, date and hour of admission; name, address, and telephone number of the nearest

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relative, and the person to be notified in an emergency or death; information as to funeral arrangements, if available; church affiliation and pastor; and the name of the patient's or resident's attending physician.

Subp. 2. Disposition at discharge or death. At the time of discharge or death, this record shall be completed with the date, time, reason for discharge, discharge diagnosis and condition; or date, time, and cause of death. In either case the signature and address of the responsible person to whom released shall be obtained.

MS s 144.56; 144A.02 to 144A.08

4655.3400 MEDICAL RECORD.

The medical record shall be initiated for each patient or resident within 72 hours in accordance with part 4655.4700.

MS s 144.56; 144.56; 144A.02 to 144A.08

4655.3500 FILING AND DISPOSITION OF RECORDS.

Subpart 1. Physical control of records. The patient or resident care record shall be incorporated into an individual folder and filed at the nurses' or attendants' station, a central control point for the storage of records and medications.

Subp. 2. Disposition of discharged patient records. The records of discharged patients or residents shall be promptly completed and filed in the home.

Subp. 3. Confidentiality of patient records. Patients' or residents' medical records and patient care plans in nursing homes shall be considered confidential but they shall be made available to all persons in the home who are responsible for the care of the patient or resident and they shall be open to inspection by representatives of the department.

Subp. 4. Transfer of patient records. When a patient or resident is discharged to another care facility pertinent information relative to his care shall accompany the patient or resident.

MS s 144.56; 144A.02 to 144A.08

4655.3600 STORAGE AND PRESERVATION OF RECORDS.

Space shall be provided for the safe storage of patients' or residents' records at the nurses' or attendants' station (a central control point for the storage of records and medications) and in general storage. Records shall be filed so as to be readily accessible. All patients' and residents' records shall be preserved for a period of at least five years following discharge or death.

MS s 144.56; 144A.02 to 144A.08

4655.3700 CENSUS REGISTER.

A register shall be kept in a separate bound book, listing in chronological order the names and dates of all admissions and discharges. This register shall be kept in such a manner that total admissions, discharges, deaths, and patient or resident days can be calculated.

MS s 144.56; 144A.02 to 144A.08

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4655.3800 REPORTS AND CORRESPONDENCE TO THE DEPARTMENT.

Reports regarding statistical data and services furnished shall be submitted on forms furnished by the department. Copies shall be retained by the home. All correspondence with the department shall be kept as a permanent, accessible record.

MS s 144.56; 144A.02 to 144A.08

4655.3900 NURSES' RECORD.

Subpart 1. Application. This part applies to nursing homes only.

Subp. 2. Record contents. The nurses' record and nurses' notes for each patient shall include: the condition of the patient at the time of admission; temperature, pulse, respiration, blood pressure, and pertinent observations at least every four hours during the first 24 hours and as often as indicated by the condition of the patient or ordered thereafter, but at least weekly; the patient's weight at the time of admission and at least once each month thereafter; the patient's general condition, actions, and attitudes; significant observations on, for example, behavior, orientation, judgment, moods, date, time, quantity of dosage, and method of administration of all medications, and the signature of the nurse or authorized persons who administered same; dates and times of all treatments and dressings; dates and times of visits by physicians, dentists, or podiatrists; visits to clinics or hospitals; a full record of any restriction of activity as ordered by a physician including the reason for restriction; any change in the patient's sleeping habits or appetite; and pertinent factors regarding changes in the patient's general condition.

Subp. 3. Record of injuries, accidents, and errors in administering drugs. A detailed incident report of any accident, injury, or error in drug administration and the action taken shall be completed immediately.

Subp. 4. Frequency of reporting. Nurses' notes shall be recorded weekly on all patients or more often if indicated by their condition. All nurses' notes shall be written and signed by the person giving the medication or making the observation.

MS s 144.56; 144A.02 to 144A.08

4655.4000 RESIDENT CARE RECORD.

Subpart 1. Application. This part applies to boarding care homes only.

Subp. 2. Types of information reported. The care record for each resident shall contain the resident's weight at the time of admission and at least once each month thereafter and a summary completed at least monthly by the person in charge indicating the resident's general condition, actions, attitude, changes in sleeping habits or appetite, and any complaints. A detailed incident report of any accident or injury and the action taken shall be recorded immediately. All dates and times of visits by physicians or podiatrists and visits to clinics, dentists, or hospitals shall be recorded.

MS s 144.56; 144A.02 to 144A.08

RECORD OF PATIENTS' AND RESIDENTS' FUNDS

4655.4100 ADMISSION POLICY.

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The admission policies of the nursing home and boarding care home shall specify whether the home will accept the personal funds of patients' or residents' for safekeeping. If the nursing home or boarding care home accepts the personal funds of patients' and residents' for safekeeping, written policies regarding the handling and protection of the funds shall be established in accordance with parts 4655.4100 to 4655.4170.

MS s 144.56; 144A.02 to 144A.08

4655.4110 AUTHORIZATION.

Subpart 1. Written authorization. The personal funds of the patient or resident shall not be accepted for safekeeping without written authorization from the patient or resident or from the patient's or resident's legal guardian or conservator or representative payee.

Subp. 2. Copy retained. A copy of this written authorization shall be retained in the patient's or resident's records.

Subp. 3. Representative payee. A "representative payee" is an individual designated by the Social Security Administration to receive benefits on behalf of the patient or resident.

MS s 144.56; 144A.02 to 144A.08

4655.4120 PERSONAL FUND ACCOUNTS.

Subpart 1. No commingling of funds. The personal funds of patients and residents shall not be commingled with the funds of the nursing home or boarding care home or with the funds of any person other than patients or residents of the home, unless otherwise authorized by law.

Subp. 2. Funds of the individual. The personal funds of patients and residents shall not be used in any way for the purpose of the nursing home, boarding care home, or any other patient or resident and shall be free from any liability that the nursing home or boarding care home incurs.

Subp. 3. Prohibition of commingling with more than one facility. A person, firm, partnership, association, or corporation which operates more than one facility licensed in accordance with the provisions of Minnesota Statutes, sections 144.50 to 144.56 or Minnesota Statutes, chapter 144A shall not commingle patient or resident funds from one facility with another.

MS s 144.56; 144A.02 to 144A.08

4655.4130 WRITTEN ACCOUNTING SYSTEM MAINTAINED.

Subpart 1. System developed and maintained. A written accounting system for the personal funds of patients and residents shall be developed and maintained.

Subp. 2. Access to records. Each patient or resident and the patient's or resident's legal guardian or conservator, representative payee, or other person designated by the patient or resident shall be allowed access to the written records of all financial arrangements and transactions involving the individual patient's or resident's funds in accordance with the nursing home's and boarding care home's written policy. Such policy shall assure that access be provided in accordance with the needs of patients and residents.

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